FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 9:02

DOCUMENT # M44343 (5)

1. Corporation Name:
ANN'S PROFESSIONAL THERAPEUTIC MASSAGE INC.

Principal Place of Business	Mailing Address
~~% ANNA THOMPSON~~ ~~9914 62ND TERR. S. APT C.~~ ~~BOYTON BEACH FL 33437-2827~~	~~% ANNA THOMPSON~~ ~~9914 62ND TERR. S. APT C.~~ ~~BOYTON BEACH FL 33437-2827~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1987
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 % ANNA THOMPSON MILLS	26 %ANNA THOMPSON MILLS
Suite, Apt. #, etc. 22 9914 62nd TERR. S. APT. C	Suite, Apt. #, etc. 27 9914 62ND TERR. S. APT. C
City & State 23 BOYTON BEACH FL 33437-2827	City & State 28 BOYTON BEACH FL 33437-2827
Zip / Country 24 33437-2827 / 25 USA	Zip / Country 29 33437-2827 / 30 USA

4. FEI Number: 59-2755473 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~THOMPSON, ANNA~~ ~~9914 62ND TERR. S. APT C.~~ ~~BOYTON BEACH FL 33437~~	81 Name: MILLS, ANNA THOMPSON 82 Street Address (P.O. Box Number is Not Acceptable): 9914 62nd TERR. S. APT. C. 83 84 City: BOYTON BEACH FL FL 85 Zip Code: 33437

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Registered Agent Signature required when necessary) (NOTE: Registered Agent signature required when necessary) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☐ Change ☐ Addition
NAME	THOMPSON, ANNA	12 NAME	MILLS, ANNA THOMPSON	
STREET ADDRESS	9914 62ND TERR. S. APT C	13 STREET ADDRESS	9914 62ND TERR. S. APT. C	
CITY ST ZIP	BOYTON BEACH FL	14 CITY ST ZIP	BOYTON BEACH FL	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: X Anna Thompson Mills Anna T. Mills/Dir.
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

3-27-95 407-738-6427
Date / Daytime Phone #

0244804 CP